EXPERT FIELD MEDICAL BADGE HANDS-ON TESTING REBUTTAL SHEET			
	form, see AMEDDC&S HRCOE Pam		
Date:	Candidate Number:	R	Rank:
Name:			
Task Being Rebutted:			
Lane Task Was Tested On:			
Evaluator's Rank and Name:			
Reason For Rebuttal:			
Candidate's Signature:			
Note: The test board's decision is final. It may not be appealed to the EFMB TCO.			
Test Board Remarks:			
Test Board Decision (circle):	A	pproved	Disapproved
Data			
Date:			
Test Board Chairperson's Signature:			
Note: A separate rebuttal form will be completed for each task that is being rebutted by the candidate. Rebuttal form will be filed in the candidate's folder in the EFMB operations center.			